



PATENT

12/C

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application
No. 09/755,207

CHEN et al.

Examiner: TU X. NGUYEN

Filed: 01/05/2001

For: METHOD AND APPARATUS
FOR POWER LEVEL
ADJUSTMENT IN A WIRELESS
COMMUNICATION SYSTEM

) Group No. 2684

B.D.
4/30/04RESPONSE TO OFFICE ACTION

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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450APR 29 2004
Technology Center 2600

Dear Commissioner:

In response to the Office Action dated January 15, 2004 please amend the above-identified application as indicated below. Applicants hereby petition a one (1) month Extension of Time.

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

MAILING

- ☒ deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Depositor's Name: Christine Hughey
(type or print name)Date: April 22, 2004Signature: Christine Hughey**FACSIMILE**

- ☐ transmitted by facsimile to the Patent and Trademark Office.

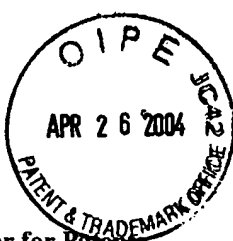
Depositor's Name: _____
(type or print name)

Date: _____

Signature: _____

04/27/2004 AADQF01 00000083 170026 09755207

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AMENDMENT TRANSMITTAL FORM

 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

 Customer No.: 23696
 Attorney Docket No.: 010098
 In Re Application of: CHEN et al.
 Serial Number: 09/755,207
 Filed: 01/05/2001
 Examiner: TU X. NGUYEN
 Group Art Unit: 2684

Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.

In addition, the following documents are enclosed:

1. ☒ A Petition for Extension of Time: (1) month(s) is hereby requested.
2. ☐ Information Disclosure Statement (IDS):
 - a. ☐ PTO-1449
 - b. ☐ Copies of IDS Citations (number of citations:)
3. ☐ Change of Attorney's Address in Application.
4. ☐ Other:

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| CLAIMS | (a) Number Remaining After Amendment | (b) Highest Number Previously Paid For | (c) Extra Claims | Large Entity Fee | Fee Paid |
|--|--|---|---|------------------|----------|
| Total* | 9 | 9 | 0 | x \$18 = | \$0.00 |
| Independent** | 3 | 3 | 0 | x \$86 = | \$0.00 |
| Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | \$290 | \$0.00 |
| EXTENSION FEES | | | <input checked="" type="checkbox"/> One Month | \$110 | \$110.00 |
| | | | <input type="checkbox"/> Two Months | \$420 | \$0.00 |
| | | | <input type="checkbox"/> Three Months | \$950 | \$0.00 |
| INFORMATION DISCLOSURE STATEMENT | | | <input type="checkbox"/> After First Office Action | \$180 | \$0.00 |
| | | | <input type="checkbox"/> After Final Office Action | \$130 | \$0.00 |
| TERMINAL DISCLAIMER | | | | \$110 | \$0.00 |
| | | | | TOTAL FEE | \$0.00 |

*If the number in column a is less than 20, enter 0 in column c.

**If the number in column a is less than 3, enter 0 in column c.

5. ☐ Fee check in the amount of \$_____ is enclosed to pay for any claim and/or extension fees.
6. ☒ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$110.00.
The Commissioner is hereby authorized to charge payment of any additional fees which may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
7. ☒ The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: April 22, 2004

Signature:

 Roberta A. Young
 Roberta A. Young, Reg. No. 53,818
 (858) 658-5803

 QUALCOMM Incorporated
 Attn: Patent Department
 5775 Morehouse Drive
 San Diego, California 92121-1714
 Telephone: (858) 658-5787
 Facsimile: (858) 658-2502